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## **National Capital Consortium**

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### **GRADUATE MEDICAL EDUCATION COMMITTEE MEETING**

**8 January 2003, 1500 Hours**

**Board of Regents Room, Building D, USUHS**

**OPEN SESSION**

The National Capital Consortium Graduate Medical Education Committee met Wednesday, 8 January 2003 at 1500 hours. A quorum was present.

#### **OLD BUSINESS:**

**Approval of Minutes:** The minutes from the 6 November 2002 NCC GMEC meeting were approved as written.

3.h **Work Hours Survey:** The survey is essentially complete. The individual services and departments are in the process of identifying remedial strategies. Specific problem areas include surgical fellowships, in particular GYN Oncology. Lt Col Satin noted that the core program in OB/GYN would be utilizing a night float system, which should bring it into compliance. A major problem for many specialties remains how to accommodate post call clinics.

3.b **Program Director Searches:** Searches for Anesthesiology and Pediatrics are nearing completion. The WRAMC Orthopedic Program search should be completed by early next month. The search has been initiated for a Program Director in Internal Medicine at NNMC to replace CAPT Lazarus, who plans to step down in June 2003.

#### **NEW BUSINESS:**

3.f **Resident Representative Issues:** Capt Ranney, USAF, MC, Resident Representative from Malcolm Grow, brought an issue to the attention of the Committee. He noted that under current coding rules, Residents were prohibited from coding above a basic level of complexity. The net result is that when Residents see more complex patients they must either increase supervision, which is not practical or appropriate, or the diagnosis must be down coded. This in turn leads to less third party recovery. After extended discussion, it was agreed that the program should continue to pursue a method whereby Residents may code at an appropriate level.



## **COMMITTEE RESPONSIBILITIES**

3.d **Report of the Internal Review Subcommittee:** Dr. Gunderson, on behalf of the subcommittee, presented two reports since the GMEC did not meet in December. Copies of these reports are appended to these minutes. In the December minutes, there were no issues requiring follow-up at the GMEC. The December minutes included an Internal Review from Neurology, which required no follow-up by the Committee.

3.c **ACGME Correspondence:** The Transitional Program at Malcolm Grow Medical Center was officially notified that it is on probation and that a site survey will be conducted 27 September 2003. The RRC rescinded four citations but sustained several others. The Program Director is in the process of addressing these and is optimistic about his ability to correct the remaining deficiencies. The Committee agreed with the Program Director that the citation requiring that Transitional Year residents have the same experience in surgery as the categorical surgical residents was inappropriate since the goals and objectives for the Transitional resident are in fact different. The Program Director will report back to this Committee in time for the April meeting. The GMEC accepted the reports of the Internal Review Subcommittee.

The ACGME Correspondence is noted in the minutes of the IR Subcommittee. In addition, a number of Site Surveys are up coming and are identified in the agenda for this meeting, a copy of which is appended.

3.i **Core Curriculum Workgroup:** COL Adair reported that the Workgroup has completed its task and is awaiting further instruction. A CD-ROM has been produced by the Committee and should be available shortly. The AD noted that the Committee will now be reorganized into six groups to deal with the Core Competencies and invited volunteers to participate in the work of these subcommittees.

**Approval of Internal Review Checklist:** The Committee approved without objection to the checklist for use in the Pathology Internal Review.

### **MOUs:**

3.b

The Committee approved without objection four MOUs as noted below.

- a. US Marine Chemical Biological Incident Response Force – Occupational and Environmental Medicine
- b. 10<sup>th</sup> Medical Group, U.S. Air Force. Colorado Springs, CO – Family Practice, MGMC
- c. Inova Fairfax Hospital – Family Practice, Fort Belvoir, VA
- d. George Washington University Medical Center – Dermatology

**Guatemala Rotation:** There was discussion about residents participating in humanitarian missions when their activities would not be counted as an official part of their training. It was believed that such activities required command approval, country approval, and approval of the Ethics Officer if outside funds are used but that it did not require approval of the GMEC.



3.e

**Joint Service GME Selection Board:** COL Nace reported on the Army Directors of Medical Education meeting that took place during the Selection Board. Of note, the Army has mandated that there will be a 6-hour training program in Ethics for all PGY-1 trainees and that those conducting the training will themselves be trained with a standard curriculum. She noted that there had been discussion about utilizing UCAPERS data to track work hours but that the system was flawed in the data support section of the application. COL Nace also noted that a plea was made for more administrative assistance for program directors throughout the system.

LTC Argyros noted dissatisfaction with several aspects of how the Board was conducted. The AD encouraged input from the attendees that he could take to the after action meeting to be held in February.

**Realignment of Patient Care Services:** Concern was expressed by a number of program directors that several realignments of patient care activities under consideration might be detrimental to graduate medical education. These issues will be tracked closely.

3.a

**Composition of Search Committees:** A motion was made and approved without objection that hence forth, resident members would be included on search committees for core residency program directors.

3.a

**Policy on Administrative Probation:** MAJ Kaar presented a new policy on administrative probation which has as its central features, a provision that request for administrative probation for failure to meet military administrative requirements may be approved by the AD without being brought to the GMEC, and that such administrative probations are not reportable to outside agencies. A copy of the policy is appended.

3.a

**Liability Coverage for Residents:** MAJ Kaar discussed some recent concerns that have arisen concerning a need for residents to have individual commercial liability coverage. He said that the issue is still under study and that for the moment there is no need to change Consortium policy.

### **Information Items:**

Lt Col Crouch and Lt Col Satin were congratulated on their recent selection for promotion to Colonel.

No additional items from the floor.

The meeting adjourned to Close Session at 1615. The next meeting of the NCC/GMEC will be 5 February 2003 at 1500, Board of Regents Conference Room, Building D, 3<sup>rd</sup> floor, USUHS.

Howard E. Fauver, Jr., M.D.  
Administrative Director

*Note: Reference in the left margin represents functional areas of responsibility of the Graduate Medical Education Committee. Attached to these minutes are definitions of the nine areas.*



## **GMEC Responsibilities**

- II.B.3.a**      Establishment and implementation of policies that affect all residency programs regarding the quality of education and the work environment for the residents in each program.
- II.B.3.b**      Establishment and maintenance of appropriate oversight of and liaison with program directors and assurance that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in programs sponsored by the institutions
- II.B.3.c**      Regular review of all ACGME letters of accreditation and the monitoring of action plans for the correction of areas of non-compliance.
- II.B.3.d**      Regular internal review of all ACGME accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and Program Requirements of the ACGME RRCs.



- II.B.3.e** Assurance that each residency program establishes and implements formal written criteria and processes for the selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements for the specialties and subspecialties of the ACGME RRCs.
- II.B.3.f** Assurance of an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation. This includes:
- II.B.3.g** Collecting of intra-institutional information and making recommendations on the appropriate funding for resident positions, including benefits and support services.
- II.B.3.h** Monitoring of the programs in establishing an appropriate work environment and duty hours of residents.
- II.B.3.i** Assurance that the resident's curriculum provides a regular review of ethical, socioeconomic, medical/legal, and cost-containment issues that affect GME and medical practice. The curriculum must also provide an appropriate introduction to communication skills and to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning. There must be appropriate resident participation in departmental scholarly activity, as set forth in the applicable Program Requirements.

*ACGME: September 2000    Effective: September 2000*